

Delivery of NHS CFH functionality in EMIS products

EMIS plan to limit the delivery of new functionality in LV and PCS and to encourage practices to migrate to EMIS Web when it becomes available. The benefit of this strategy is that it focuses all assurance and deployment activity on one product as opposed to trying to effect delivery across three different products.

EMIS are producing an information sheet for PCTs and practices containing the following information:

- Description of the EMIS Web service
- The activities involved in migrating to EMIS Web from EMIS LV, EMIS PCS or another GPSoC system
- The implications for local IT infrastructure of migrating to EMIS Web
- Local costs associated with migrating to EMIS Web e.g. for training

This, together with direct conversations with EMIS, will help to inform practices' choice. Under the terms of the GPSoC Framework Agreement a Selection Process is required to select a GPSoC Framework Supplier. Where practices currently use an EMIS system this does not constitute a change of GPSoC Framework Supplier and so no Selection Process is required. However, subject to the costs associated with migration, a PCT may ask practices to develop a business case to justify a change of system. This is in line with the provisions in clause 4.34 of the new GMS contract.

This is an extract from Connecting for Health update February 2010. The full update is available at <http://www.connectingforhealth.nhs.uk/systemsandservices/eps/emisdel.pdf>

Patient participation

The Growing Patient Participation campaign is a joint initiative run by the National Association for Patient Participation, RCGP, BMA and NHS Alliance. The aim is to see more Patient Participation Groups (PPGs) set up across the country, and to strengthen existing PPGs. They have a website <http://www.growingppgs.com/>

DH funding for the campaign is due to finish in March but if more groups sign up to the newsletter there may be a case for continuing it past then. Please forward information onto your own PPGs if you think they might be interested.

LMC Elections

Nominations have now been received and, since we have 23 nominations for 37 places, it will not be necessary to hold an election. Therefore, the following doctors will be LMC members for the 2010-2014 period.

John Ashcroft (Old Station Surgery, Ilkeston)
Mark Bermingham (Ashenfell Surgery, Baslow)
Greg Crowley (Arthur Medical, Horsley Woodhouse)
Ruth Dils (Whittington Moor, Chesterfield)
David Evans (Holywell House, Chesterfield)
Murali Gembali (Friar Gate Surgery, Derby)
John Grenville (Macklin Street, Derby)
Brian Hands (Willington Surgery)
Peter Holden (Imperial Road, Matlock)
Neera Jha (Ascot Medical Centre, Derby)
Sean King (Elmwood Medical Centre, Buxton)
Paddy Kinsella (Whitemoor, Belper)
Pauline Love (Butts Road, Bakewell)
Kathryn Markus (Calow & Brimington, Chesterfield)
David Portnoy (South Street, Ilkeston)
Brendan Ryan (Wheatbridge, Chesterfield)
Hannah Salisbury (Thornbrook, Chapel en le Frith)
Peter Short (Stewart Medical Centre, Buxton)
Rachel Tinker (Moss Valley, Eckington)
Paul Weston-Smith (Littlewick, Ilkeston)
Peter Williams (Butts Road, Bakewell)
Mark Wood (Darley Dale, Matlock)
Joe Zammit-Maempel (Alvaston, Derby)

The first meeting of the new committee will take place at 1.30 pm at Santo's Higham Farm, near Alfreton, on 1 April 2010. The remaining few vacancies will be filled by co-options, as appropriate.

GP IT System Survey

NHS Connecting for Health is undertaking a survey of GPs and their staff to gain an insight into opinions on various parts of the GP IT service. It will be used where appropriate to inform discussions with suppliers and enable service improvements in the most valuable areas. The survey does not take longer than 10 minutes to complete and there is space at the end to add additional information.

Please take part in the survey, which will remain open until Friday 5 March. It can be accessed at <http://www.survey.connectingforhealth.nhs.uk/gpsystem>

CRB checks and Vetting & Barring (clarification)

I regret that the article on CRB checks and Vetting & Barring in the February 2010 Newsletter contained an error. The Independent Safeguarding Authority's checks on an applicant for registration with it DO NOT include an enhanced Criminal Records Bureau check. The ISA does liaise with the CRB and considers information that the CRB has on an individual that may relate to their suitability for working with children and vulnerable adults. The ISA does not take into account any information held by the CRB relating to an individual's criminal activities that the ISA judges are irrelevant to their suitability for working with children and vulnerable adults.

Following the full introduction of the Vetting & Barring scheme all GPs will still be required to have had an enhanced CRB check (unless this regulatory requirement is repealed at some stage in the future – this is unlikely) as well as being ISA registered. The ISA registration lasts for life unless rescinded because of an action by the registered individual. As I indicated in the previous article, it will be for employers to decide whether other staff should have CRB checks. If a practice checks that, for instance, a Practice Nurse is registered with the ISA it can be reassured that nothing is known about that Practice Nurse that would prevent him/her working with children or vulnerable adults. Nevertheless, if the practice is concerned about other aspects, such as an individual's propensity for fraud, this will not be covered without undertaking a full CRB check.

It remains the case that so far as information relating to someone's suitability for working with children or vulnerable adults is concerned, ISA registration is continually updated while information (or absence of it) on other activities as revealed by a CRB check is valid only on the date of the CRB check.

I apologise for the misinformation in the previous article and I am indebted to Dr Ian Dunn, GP in Long Eaton and Named Doctor for Child Protection in Erewash, for drawing this error to my attention.

John Grenville

Latest advice

In the past month GPC has issued the following:

- Revalidation newsletter
- Panflu payment guidance
- Schools sickness certificates

Further details are available on application to the LMC office or on the BMA website www.bma.org.uk

Derwent Shared Services deceased

Derwent Shared Services has now ceased to exist. Some of the services that it used to provide (such as Derbyshire Health Informatics Service) have moved to Derbyshire County PCT and others have moved to a large commercial organisation called SBS, which provides finance and back office functions to large parts of the NHS. SBS is the Department of Health's preferred provider for such services and the PCTs had little option but to contract with them for these services.

The first that the LMC heard of SBS in an operational sense was when a couple of practices informed us that they had been telephoned by representatives of SBS asking for details of the practice bank accounts. The matter was referred to NHS Counter Fraud Service, who confirmed that the calls had been made by SBS, but chose not to comment on this aspect of SBS's working practice. The LMC has referred the matter to GPC and we understand that investigations are continuing and Counter Fraud Services are now considering the matter. We reiterate our advice to practices that they should not give their bank account details out over the telephone.

Apart from this, SBS seem to have taken over DSS functions fairly seamlessly.

Statement of Fitness to Work

From 6 April 2010 the current Med 3 and Med 5 medical statements are being replaced with the new Statement of Fitness for Work.

The Department for Work & Pensions has published a guide for doctors, which is available at

<http://www.dwp.gov.uk/docs/fitnote-gp-guide.pdf>

How to contact us

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